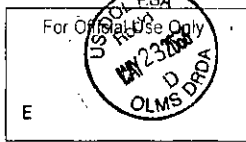


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0168
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7118	2. Fiscal Year Covered From: 1 / 01 / 05 Through: 12 / 31 / 05
3. Name and address of person filing. Name JAMES E PANNELL P.O. Box, Bldg., Room No., if any Street 3340 PERIMETER HILL DR City NASHVILLE State TN ZIP Code + 4 37211	4. Name, file number, and address of labor organization. Name UNITED STEELWORKERS Labor Organization File Number 000-318 P.O. Box, Building and Room Number, if any Street 3340 PERIMETER HILL DR City NASHVILLE State TN ZIP Code + 4 37211
5. Position in labor organization. VICE PRESIDENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest Transaction, or Income. N / A 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed James E. Pannell	On 5/19/06 Date	615-831-6719 Telephone Number

Name of Person Filing JAMES E ANNELL	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer N/A
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. N/A 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. N/A 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name CHEVRON PRODUCTS CO Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. A PALLET OF OIL IN QUART BOTTLES, GIVEN TO PUBLIC AT TRADE SHOW ON BEHALF OF EMPLOYER - NOT FOR PERSONAL USE -
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. 650

Part B

Name of Reporting Employer: Chevron Products Company				File Number E-	
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a <input checked="" type="checkbox"/>	ITEM 8.b <input type="checkbox"/>	ITEM 8.c <input type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input type="checkbox"/>	ITEM 8.f <input type="checkbox"/>
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9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both	9.c. Position in labor organization or with employer (if an independent labor consultant, so state). Administrative Vice President	
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made. Name James E. Pannell P.O. Box, Building and Room Number, if any Street Five Gateway Center City Pittsburgh State Pennsylvania ZIP Code + 4 15222	9.d. Name and address of firm or labor organization with whom employed or affiliated. Organization United Steel Workers P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	
10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made. June 7, 8, 9, 10, 2005	10.b. The promise, agreement, or arrangement was: <input type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached.)	
11.a. Date of each payment or expenditure (mm/dd/yyyy). 2005	11.b. Amount of each payment or expenditure 650 0 0 0	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property) One pallet of oil in quart bottles
12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made. A pallet of oil in quart bottles was provided at the request of the United Steel Workers for display at the Labor Union National Conference.		